PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -3 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000004583**

1. Corporation Name

PRI CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
3760 CONVOY STREET. STE 230 SAN DIEGO CA 92111	3760 CONVOY STREET. STE 230 SAN DIEGO CA 92111

REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/10/2000

5. FEI Number: 33-0367968 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	~~LOSCAVIO~~, FRANK J LOSCAVIO	13308 WYNGATE POINT	SAN DIEGO CA
S	CAMPBELL, WILLIAM T	6274 PASEO ELEGANCIA	CARLSBAD CA 92009
CD	WALDEN, SHARI L	~~2723 ADLANE PLACE~~ 8231 CAMINO DEL ORO	~~HONOLULU HI 96822~~ LA JOLLA CA 92037
DC	WALDEN, DAVID A	~~2723 ADLANE PLACE~~ 8231 CAMINO DEL ORO	~~HONOLULU HI 96822~~ LA JOLLA CA 92037
		200024387502 11/03/03--01093--015 **150.00	

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 10-30-03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] William T. Campbell 10/28/03 858-505-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Project Resources Inc.

October 28, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: **Notice of Administrative Dissolution or Revocation**

Dear Sir or Madam:

Please be advised that we did not receive either the original or second uniform business report notices. In accordance with the instructions, we therefore request that the reinstatement fee be waived. Enclosed is the completed application for reinstatement and the $150.00 filing fee.

Thank you in advance for your cooperation.

PRI CONSTRUCTORS, INC.

William T. Campbell
Chief Financial Officer

Enclosures

3760 Convoy Street, Suite 230 San Diego, California 92111 Tel 858.505.1000 Fax 858.505.1010